

**Vasquez Boulevard/I-70 Superfund Site
Community Health Program
Memorandum of Agreement**

SDMS Document ID



1038395

Purpose:

- A. Purpose of the Memorandum of Agreement (MOA):** This MOA outlines the roles and responsibilities of the agencies involved in the programming and implementation of the Community Health Program (CHP) for the Vasquez Boulevard/Interstate70 Superfund Site clean-up.
- B. Purpose of the Community Health Program:** The purpose of the CHP is to: (1) reduce resident and visitor exposures to arsenic and lead in soil while site remediation is ongoing; (2) to reduce children's exposure to soil contaminants from soil pica behavior; and (3) to reduce children's exposure to lead from other sources, especially lead-based paint. The CHP will meet the requirements outlined in the VB/I-70 Record of Decision (ROD), dated 09/25/2003. The CHP will receive direction from the community. The program will be administered by the Steering Committee as defined by this Memorandum of Agreement.. The CHP will include the following components at a minimum:
1. community outreach and education;
 2. bio-monitoring;
 3. case management for children identified with elevated levels of arsenic or lead, including environmental investigations;
 4. medical management of elevated cases;
 5. interagency coordination of response activities;
 6. program management and administration; and
 7. data management and reporting.

Agency Roles and Tasks:

A. EPA Tasks:

1. Clarify and resolve issues regarding the requirements of the ROD.
2. Provide funding needed for the development and implementation of the CHP.
3. Set priorities for the CHP and for the allocation of available funding, with guidance and assistance from the Steering Committee,

4. Resolve any dispute that arises through the course of the program that is unable to be resolved through consensus of the Steering Committee.
5. Provide information needed to coordinate between remedy implementation and community health program operations.
6. Provide oversight of programming, implementation, and evaluation, including review and approval of associated documents.
7. Participate in appropriate committees, as detailed in appendices A and B.
8. Provide regular updates on agency activities and required coordination.
9. Provide necessary coordination and transfer of program data within the EPA's control.

B. DEH Tasks:

1. Coordinate and administer the development, implementation, and evaluation of the CHP with guidance and assistance from the Steering Committee.
2. Develop, coordinate the review of, and receive approval for programming documents associated with the CHP.
3. Document and report on implementation and evaluation activities associated with the overall performance of the CHP as specified in Appendix C.
4. Coordinate the activities of the Steering Committee, as detailed in Appendix A. Ensure that tasks assigned to the Steering Committee are tracked and documented. Identify and coordinate areas requiring prioritization, clarification, discussion, or problem resolution by the Steering Committee or EPA.
5. Coordinate the activities of the Community Health Education and Outreach Subcommittee (Appendix A). Ensure that tasks assigned to the Community Health Education and Outreach Subcommittee are completed.
6. Oversee and administer the development, implementation, and evaluation of the Community Health Education and Outreach Program (CHEOP) with guidance and assistance from the Health Education and Outreach Subcommittee and the Steering Committee,
7. Develop, coordinate the review of, and receive approval for programming documents for the community health education and outreach program.
8. Document and report on implementation and evaluation of the community health program as specified in Appendix C.

9. Conduct environmental investigations for all children with confirmed blood lead levels over 10 ug/dL in coordination with the DHHA case manager.
10. Document and report environmental investigation results to the family, medial provider, and Steering Committee.
11. Participate in appropriate committees (Appendices A and B). Provide input as needed to the programming, implementation, and evaluation of the program.
12. Provide regular updates on agency activities and required coordination.
13. Provide needed coordination and transfer of program data within DEH's control.

C. DHHA Tasks:

1. Coordinate the activities of the Medical Management Subcommittee (Appendix A). Ensure that tasks assigned to the Medical Management Subcommittee are completed.
2. Provide medical management for children with elevated levels of lead or arsenic in accordance with DHHA policy and practice for enrolled patients.
3. Develop, coordinate the review of, and receive approval for protocols for medical management for children identified with elevated levels of lead or arsenic.
4. Coordinate the activities of the Lead Data and Case Management Subcommittee. Ensure that tasks assigned to the Lead Data and Case Management Subcommittee are completed.
5. Oversee and administer the development, implementation, and evaluation of the Lead Data and Case Management program with guidance and assistance from the Lead Data and Case Management Subcommittee and the Steering Committee.
6. Develop, coordinate the review of, and receive approval for programming documents for lead data and case management.
7. Document and report on implementation and evaluation of the lead data management and case management programs as specified in Appendix C.
8. Participate in appropriate committees (Appendices A and B). Provide input as needed on the programming, implementation, and evaluation of the CHP.
9. Provide regular updates on agency activities and required coordination.
10. Provide needed coordination and transfer of program data within DHHA's control.

D. CDPHE Tasks:

1. Coordinate the activities of the Biomonitoring Subcommittee (Appendix A.) Ensure that tasks assigned to the Biomonitoring Subcommittee are completed.
2. Oversee and administer the development, implementation, and evaluation of the biomonitoring program with guidance and assistance from the Biomonitoring Subcommittee and the Steering Committee.
3. Develop, coordinate the review of, and receive approval for programming documents for the biomonitoring program. Coordinate with DHHA to develop appropriate and comprehensive consent forms, including any required HIPPA language, and clear description to participants of data access and usability between agencies.
4. Document and report on implementation and evaluation of the biomonitoring program as specified in Appendix C.
5. Coordinate the activities of the Arsenic Data and Case Management Subcommittee (Appendix A.) Ensure that tasks assigned to the Arsenic Data and Case Management Subcommittee are completed.
6. Oversee and administer the development, implementation, and evaluation of the Arsenic Data and Case Management program with guidance and assistance from the Arsenic Data and Case Management Subcommittee and the Steering Committee.
7. Develop, coordinate the review of, and receive approval for programming documents for arsenic data management and case management.
8. Document and report on implementation and evaluation of the biomonitoring program as specified in Appendix C.
9. Participate in appropriate committees (Appendices A and B). Provide input as needed to the programming, implementation, and evaluation of the CHP.
10. Provide regular updates on agency activities and required coordination.
11. Provide needed coordination and transfer of program data within CDPHE's control.

E. PEHSU Tasks:

1. Coordinate the activities of the Medical Provider Education Subcommittee (Appendix A). Ensure that tasks assigned to the Medical Provider Education Subcommittee are completed.
2. Oversee and administer the development, implementation, and evaluation of the medical provider education program with guidance and assistance from the Medical Provider Education Subcommittee and the Steering Committee,

3. Develop, coordinate the review of, and receive approval for programming documents for the Medical Provider Education program.
4. Document and report on implementation and evaluation of the medical provider education program as specified in Appendix C.
5. Participate in appropriate committees (Appendices A and B). Provide input as needed to the programming, implementation, and evaluation of the CHP.
6. Provide regular updates on agency activities and required coordination.
7. Provide needed coordination and transfer of program data PEHSU's control.

F. ATSDR Tasks:

1. Coordinate with RMPEHSU to develop healthcare provider education materials related to the CHP and to provide the RMPEHSU with logistical assistance as needed.
2. Under its cooperative agreement with the American College of Medical Toxicology, ATSDR will make available the consultation services of ACMT physicians to private medical providers with patient referrals due to elevated arsenic levels. ATSDR will also make available ACMT consultation services to the CHP for health provider education materials, for example, fact sheets on pica behavior designed for medical providers who may be seeing patients living within the VB-70 Study area.

The American College of Medical Toxicology (ACMT) is a professional, nonprofit association of physicians with recognized expertise in medical toxicology. Medical Toxicology is a medical subspecialty focusing on the diagnosis, management and prevention of poisoning/toxicity and other adverse health effects due to medications, chemicals, occupational and environmental toxins, and biological hazards. Medical Toxicology is officially recognized as a medical subspecialty by the American Board of Medical Specialties (ABMS). The ACMT is dedicated to advancing the science and practice of medical toxicology.

The ACMT strives to ensure that patients exposed to poisons or toxic or hazardous substances receive optimal care and have the opportunity for consultation with or direct care by qualified expert doctors, board certified medical toxicologists.

In 2003, under a cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR), ACMT created a nationwide consultative network between Medical Toxicology Fellowships and the 10 regional offices of ATSDR. The ATSDR requests for consultation to ACMT include focused questions on health issues relating to acute and chronic toxic exposures as well as requests for involvement in ATSDR educational training programs and public information sessions. To coordinate communications between each of the ATSDR regional offices and nearby Medical Toxicology fellowships an ACMT member has been chosen to serve as the ACMT regional director for each of the 10 ATSDR regional offices. The ACMT coordinator for ATSDR Region 8 is Dr. Scott Phillips of New Fields in Denver.

Requests for consultation should be made through the ATSDR Region 8 office at either 303-312-7013 (Chris Poulet) or 303-312-7010 (Glenn Tucker).

3. Participate in appropriate committees (Appendix A and B). Provide input as needed to the programming, implementation, and evaluation of the CHP.
4. Provide regular updates on agency activities and required coordination.
5. Provide coordination to facilitate transfer of ATSDR data and information related to the VB/I-70 Superfund site to the RMPEHSU and other program components of the CHP.
6. Identify and secure funding mechanisms as needed to address medical provider education needs.

Appendices

A. Committees and Tasks

B. Committee Membership

C. Program Reporting

**Vasquez Boulevard/I-70 Superfund Site
Community Health Program
Memorandum of Agreement
Appendix A**

COMMITTEES AND TASKS

A. Steering Committee

1. **Role:** Members will provide on-going coordination, problem resolution, and direction for the CHP. The steering committee will coordinate among the members, identify resource needs, address administrative needs, clarify goals, and establish program evaluation measures. Technical, managerial, and administrative issues regarding the program will be brought to the steering committee for discussion, coordination, and resolution. The steering committee will work to reach consensus on issues, with ultimate decision-making authority resting with EPA.
2. **Steering Committee Membership** – The committee will be chaired and coordinated by DEH. Membership is as follow:
 - a. EPA
 - b. DEH
 - c. ATSDR
 - d. CDPHE
 - e. DHHA
 - f. PEHSU
 - g. Community – 2 representatives
3. **Steering Committee Tasks:**
 - a. Develop Memorandum of Agreement describing roles of various agencies, responsibilities, reporting, information flow, and general funding responsibilities.
 - b. Provide regular updates on program activities and required.
 - c. Review, approve, and coordinate planning, reporting, and activities of the program, Steering Committee, and its subcommittees.
 - d. Resolve disputes that arise through the course of the program and issues that are not resolved in subcommittees.
 - e. Identify, develop, and approve needed policies for effective program operation.
 - f. Coordinate Community Health Program activities with remedy implementation .
 - g. Provide necessary coordination and transfer of program data.
 - h. Provide oversight to the planning, implementation, and evaluation of the program.

- i. Review program evaluation methods and results; modify program as necessary.
4. **Duration:** The steering committee will exist throughout the life of the program. The steering committee will meet on a monthly basis, unless the committee deems an alternate schedule appropriate.

B. Medical Management Subcommittee:

1. **Role:** The Medical Management Subcommittee will address medical management issues for children identified with elevated levels of lead or arsenic.
2. **Membership** – The committee will be chaired and coordinated by DHHA. Membership of the medical management subcommittee is as follows, with current representatives identified:
 - a. ATSDR
 - b. DHHA
 - c. PEHSU
3. **Tasks:**
 - a. Develop protocols for further evaluation and treatment of children identified with elevated levels of lead and/or arsenic.
 - b. Develop evaluation and reporting mechanisms for medical management issues.
 - c. Report progress, status, and issues requiring resolution to the Steering Committee.
4. **Duration:** The medical management committee will meet until the above tasks are completed and thereafter, as often as necessary to maintain an effective program.

C. Biomonitoring Subcommittee:

1. **Role:** The Biomonitoring Subcommittee will plan and develop a biomonitoring program that will test lead and arsenic levels in children, pregnant women, or other residents in accordance with ROD requirements.
2. **Membership** – The subcommittee will be chaired and activities coordinated by CDPHE. Membership of the Biomonitoring Subcommittee is as follows, with current representatives identified:
 - a. CDPHE
 - b. EPA
 - c. ATSDR
 - d. DHHA
 - e. DEH
 - f. Community

3. Tasks:

- a. Identify and select preferred biological media and test methods for arsenic and lead biomonitoring.
 - b. Recommend preferred methodologies for biological sample collection.
 - c. Develop a quality assurance/quality control plan for biomonitoring program.
 - d. Identify and evaluate suitable laboratory protocols and assist with selection of acceptable analytical laboratories with a demonstrated ability to meet program data quality requirements.
 - e. Develop required consent agreements to provide informed consent for community members considering participation in biomonitoring program.
 - f. Coordinate with DHHA to address Health Insurance Portability and Accountability Act (HIPAA) concerns with blood lead biomonitoring activities and to provide required data confidentiality.
 - g. Develop mechanisms to ensure the medical confidentiality of biomonitoring information.
 - h. Ensure that appropriate Institutional Review board issues are addressed, if required, and coordinate with DHHA to determine the need for Colorado Multiple Institutional Review Board action.
 - i. Interface with the community outreach and health education planning process as needed.
 - j. Develop evaluation and reporting mechanisms, and schedule for biomonitoring issues, as requested by the steering committee.
 - k. Report progress, status, and issues requiring resolution to the Steering Committee.
4. **Duration:** The Biomonitoring Subcommittee will meet until the above tasks are completed and thereafter, as often as necessary to maintain an effective program.

D. Health Education and Community Outreach Subcommittee:

1. **Role:** The Health Education and Community Outreach Subcommittee will plan for and develop a health education and community outreach program meeting the requirements of the ROD.
2. **Membership** – The subcommittee will be chaired and activities coordinated by DEH. Membership is as follows, with current representatives identified:
 - a. DEH

- b. ATSDR
- c. CDPHE
- d. EPA
- e. DHHA
- f. Community

3. **Tasks:**

- a. Develop plans for outreach and program recruitment methods.
 - b. Work with communities to identify preferred testing locations, to develop preferred program advertisement methods, and to define recruitment strategies to help maximize program participation.
 - c. Develop materials for use during education and outreach activities.
 - d. Develop distribution plans for outreach and educational materials.
 - e. Develop evaluation and reporting mechanisms for education and outreach activities.
 - f. Develop a plan for on-going communication and feedback regarding health education and outreach materials, and the identification of program revisions, as needed.
 - g. Report progress, status, and issues requiring resolution to the Steering Committee.
4. **Duration:** The Health Education and Outreach Subcommittee will meet until the above tasks are completed and thereafter, as often as necessary to maintain an effective program.

E. Lead Data and Case Management Subcommittee:

- 1. **Role:** The Lead Data and Case Management Subcommittee will plan for and develop protocols to manage collected data regarding lead levels and patients with elevated lead levels.
 - 2. **Membership** – The subcommittee will be chaired and activities coordinated by DHHA. Membership of the Lead Data and Case Management Subcommittee is as follows, with current representatives identified:
 - a. CDPHE
 - b. EPA
 - c. DHHA
 - d. DEH
3. **Tasks:**
- a. Identify and select preferred reporting methods and format for lead data.

- b. Develop a quality assurance and quality control plan for lead data management.
 - c. Develop acceptable case tracking protocols.
 - d. Develop case coordination protocols.
 - e. Identify appropriate trigger levels for case management and case coordination.
 - f. Develop evaluation and reporting mechanisms, and schedule for lead data and case management issues.
 - g. Report progress, status, and any issues needing resolution to Steering Committee.
4. **Duration:** The Lead Data and Case Management Subcommittee will meet until the above tasks are completed and thereafter, as often as necessary to maintain an effective program.

F. Arsenic Data and Case Management Tasks and Subcommittee:

- 1. **Role:** The Arsenic Data and Case Management Subcommittee will plan for and develop protocols to manage collected data regarding arsenic levels and patients with elevated arsenic levels.
- 2. **Membership** – The subcommittee will be chaired and activities coordinated by CDPHE. Membership of the Arsenic Data and Case Management Subcommittee is as follows, with current representatives identified:
 - a. CDPHE
 - b. EPA
 - c. DEH
- 3. **Tasks:**
 - a. Identify and select preferred reporting methods and format for arsenic data.
 - b. Develop a quality assurance and quality control plan for arsenic data management.
 - c. Develop a secure database system to assist with arsenic data management, reporting, and tracking.
 - d. Develop acceptable case tracking protocols.
 - e. Develop case coordination protocols.
 - f. Identify appropriate trigger levels for case management and case coordination.
 - g. Develop evaluation and reporting mechanisms, and schedule for arsenic data and case management issues.

- h. Report progress, status, and issues requiring resolution to the Steering Committee.
- 4. **Duration:** The Arsenic Data and Case Management Subcommittee will meet until the above tasks are completed and thereafter, as often as necessary to maintain an effective program.

G. Medical Provider Education Subcommittee:

- 1. **Role:** The Medical Provider Education Subcommittee will plan the program to educate medical providers about the project site, the metals of concern, biomonitoring, and the community health program.
- 2. **Membership** – The subcommittee will be chaired and activities coordinated by PEHSU. Membership of the Medical Provider Education Subcommittee is as follows, with current representatives identified:
 - a. CDPHE
 - b. EPA
 - c. PEHSU
 - d. ATSDR
 - e. Community
- 3. **Tasks:**
 - a. Develop protocols for screening, evaluation, and management of elevated cases.
 - b. Develop a process to refer children with elevated levels to the child's current medical provider.
 - c. Develop a process for educating medical providers on the project site, the metals of concern, and the community health program.
 - d. Disseminate information on data management and reporting mechanisms to medical providers.
 - e. Report progress, status, and issues requiring resolution to the Steering Committee.
- 4. **Duration:** The Medical Provider Education Subcommittee will meet until the above tasks are completed and thereafter, as often as necessary to maintain an effective program.

**Vasquez Boulevard/I-70 Superfund Site
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Appendix B**

Committee Membership

Steering Committee

US EPA Region VIII	Victor Ketellapper
	Patricia Courtney
DEH	Celia VanDerLoop
	Gene Hook
	Jay Salas
	Martha Hoff
ATSDR	Chris Poulet
DHHA	Paul Melinkovich, MD
PEHSU	Mark Anderson, MD
CDPHE	Mishelle Macias
	Jane Mitchell
Community	

Medical Management Subcommittee

ATSDR	Chris Poulet
DHHA	Paul Melinkovich, MD
PEHSU	Mark Anderson, MD

Biomonitoring Subcommittee

US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
DHHA	Marti Potter
	Linda Kauffman
CDPHE	Mishelle Macias
	Jane Mitchell
Community Technical Advisor	Michael Kosnett, MD (CEASE)

Health Education and Community Outreach Subcommittee

US EPA Region VIII	Patricia Courtney
DEH	Jay Salas
	Beverly Tafoya-Dominguez
DHHA	Marti Potter
ATSDR	Chris Poulet
Community	

Lead Data and Case Management Subcommittee

US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
DHHA	Marti Potter
	Paul Melinkovich, MD
CDPHE	Mishelle Macias

Arsenic Data and Case Management Subcommittee

US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
CDPHE	Jane Mitchell

Medical Provider Education Subcommittee

US EPA Region VIII	Wendy O'Brien or alternate
ATSDR	Chris Poulet
CDPHE	Mishelle Macias
PEHSU	Mark Anderson, MD
Community	

**Vasquez Boulevard/I-70 Superfund Site
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Appendix C**

Program Reporting

A. Monthly Reports: A monthly report will be prepared by DEH and submitted to the EPA and Steering Committee by the date specified Table I of Appendix C.

1. Content – Each monthly report will include:

- a) activities completed during the reporting period;
- b) problems encountered and problem resolutions;
- c) proximate monthly plans; and
- d) tasks identified for future address.

2. Monthly Subcommittee Reporting: Each subcommittee chair or other designated committee member will provide information and data to DEH covering the content listed in A.1 above by the date specified in Table I of Appendix C.

B. Quarterly Reporting: A quarterly program measures report will be prepared by DEH and submitted to the EPA and Steering Committee by the date specified in Table I of Appendix C.

1. Content – Each quarterly report will include:

- a) basic program measures; and
- b) review of measures.

C. Annual Program Reporting: An annual program report and evaluation will be prepared by DEH and submitted to the EPA and Steering Committee by the date specified in Table I of Appendix C.

1. Content – Each annual report will include:

- a) fourth quarter measures and review
- b) annualized program measures;
- c) evaluation data;

- d) analysis of annualized program measures and evaluation data with respect to program goals as defined by the ROD, CHEOP, and other program documents;
 - e) summary of potential program modifications to facilitate the achievement of program goals; and
 - f) for the annual program report for the last program year, program measures and evaluation data for the life of the program and an overall summary of program goal achievement and opportunities for further work and study.
2. Annual Subcommittee Reporting: Each subcommittee chair or other designated committee member will provide information and data to DEH covering the content listed in C.1 above by the date specified in Table 1 of Appendix C.

**Vasquez Boulevard/I-70 Superfund Site
Community Health Program
Appendix C – Table I
Reporting Schedule**

Report Type – Reporting Period	Subcommittee Summary Due Date	Report Due Date
Monthly Status – October 2005	November 3, 2005	November 10, 2005
Annual Evaluation (July 2005 – September 2005)	November 18, 2005	December 30, 2005
Monthly Status – November 2005	December 2, 2005	December 9, 2005
Monthly Status – December 2005	January 3, 2006	January 10, 2006
Quarterly Measures – October/November/December 2005	January 20, 2006	January 31, 2006
Monthly Status – January 2006	February 3, 2006	February 10, 2006
Monthly Status – February 2006	March 3, 2006	March 10, 2006
Monthly Status – March 2006	April 3, 2006	April 10, 2006
Quarterly Measures – January/February/March 2006	April 20, 2006	April 29, 2006
Monthly Status – April 2006	May 3, 2006	May 3, 2005
Monthly Status – May 2006	June 2, 2006	June 9, 2005
Monthly Status – June 2006	July 3, 2006	July 10, 2006
Quarterly Measures – April/May/June 2006	July 20, 2006	July 31, 2006
Monthly Status – July 2006	August 3, 2006	August 10, 2006
Monthly Status – August 2006	September 1, 2006	September 8, 2006
Monthly Status – September 2006	October 3, 2006	October 10, 2006
Annual Evaluation (October 2005 – September 2006) and Final Program Summary (July 2004 to September 2006)	November 20, 2006	December 31, 2006